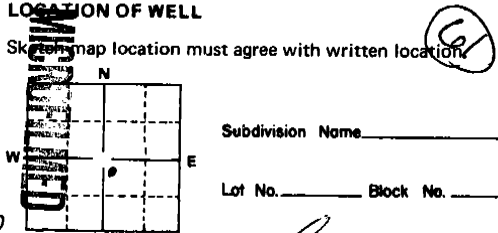


WELL DRILLER'S REPORT

AUG 21 1974

State law requires that this report be filed with the Director, Department of Water Administration within 30
days after the completion or abandonment of the well.

Department of Water Resources

1. WELL OWNER Name <u>LEN MARCHANT</u> Address <u>MT. HOME</u> Owner's Permit No. _____	7. WATER LEVEL Static water level <u>60</u> feet below land surface Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____ Temperature _____ ° F. Quality _____ Artesian closed-in pressure _____ p.s.i. Controlled by <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug																																																																																																																																																																																		
2. NATURE OF WORK <input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement <input type="checkbox"/> Abandoned (describe method of abandoning) _____	8. WELL TEST DATA <input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Other <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Draw Down</th> <th>Hours Pumped</th> </tr> <tr> <td style="text-align: center;">35</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td colspan="3" style="text-align: center;">028737</td> </tr> </table>	Discharge G.P.M.	Draw Down	Hours Pumped	35	0	1	028737																																																																																																																																																																											
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3. PROPOSED USE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Other (specify type) _____ <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection	9. LITHOLOGIC LOG <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Hole Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>8</td><td>0</td><td>12</td><td>Soil</td><td></td><td></td></tr> <tr><td>8</td><td>12</td><td>19</td><td>GRAY LAUN.</td><td></td><td></td></tr> <tr><td>8-6</td><td>19</td><td>23</td><td>Red LAUN.</td><td></td><td></td></tr> <tr><td>6</td><td>23</td><td>34</td><td>Gray LAUN.</td><td></td><td></td></tr> <tr><td>6</td><td>34</td><td>44</td><td>Red LAUN.</td><td></td><td></td></tr> <tr><td></td><td>44</td><td>70</td><td>Gray LAUN.</td><td></td><td></td></tr> <tr><td></td><td>70</td><td>74</td><td>Red LAUN.</td><td></td><td></td></tr> <tr><td></td><td>74</td><td>75</td><td>GRAY LAUN.</td><td></td><td></td></tr> <tr><td></td><td>75</td><td>84</td><td>CINDARS</td><td></td><td>X</td></tr> <tr><td></td><td>84</td><td>105</td><td>GRAY LAUN. + clay seams</td><td></td><td></td></tr> <tr><td></td><td>105</td><td>118</td><td>Red LAUN.</td><td></td><td></td></tr> <tr><td></td><td>108</td><td>130</td><td>GRAY LAUN. a clay seams</td><td></td><td></td></tr> <tr><td></td><td>130</td><td>133</td><td>Red LAUN.</td><td></td><td></td></tr> <tr><td></td><td>133</td><td>145</td><td>GRAY LAUN. + clay seams</td><td></td><td></td></tr> <tr><td></td><td>145</td><td>157</td><td>GRAY LAUN. CINDARS a clay</td><td></td><td></td></tr> <tr><td></td><td>157</td><td>162</td><td>Red LAUN.</td><td></td><td></td></tr> <tr><td></td><td>162</td><td>165</td><td>GRAY LAUN.</td><td></td><td></td></tr> <tr><td></td><td>165</td><td>166</td><td>clay yellow</td><td></td><td></td></tr> <tr><td></td><td>166</td><td>170</td><td>Red LAUN. + clay seams</td><td></td><td></td></tr> <tr><td></td><td>170</td><td>173</td><td>CINDARS</td><td></td><td>X</td></tr> <tr><td></td><td>173</td><td>175</td><td>Red LAUN. + clay seams</td><td></td><td></td></tr> <tr><td></td><td>175</td><td>180</td><td>GRAY LAUN. + clay seams</td><td></td><td></td></tr> <tr><td></td><td>180</td><td>184</td><td>Yellow clay</td><td></td><td></td></tr> <tr><td></td><td>184</td><td>200</td><td>GRAY LAUN. + clay seams</td><td></td><td></td></tr> <tr><td></td><td>200</td><td>215</td><td>CINDARS</td><td></td><td>X</td></tr> <tr><td></td><td>215</td><td>217</td><td>clay</td><td></td><td></td></tr> <tr><td></td><td>217</td><td>240</td><td>GRAY LAUN. + clay seams</td><td></td><td></td></tr> <tr><td></td><td>240</td><td>250</td><td>GRAY LAUN. + CINDARS a clay</td><td></td><td></td></tr> </tbody> </table>	Hole Diam.	Depth		Material	Water		From	To	Yes	No	8	0	12	Soil			8	12	19	GRAY LAUN.			8-6	19	23	Red LAUN.			6	23	34	Gray LAUN.			6	34	44	Red LAUN.				44	70	Gray LAUN.				70	74	Red LAUN.				74	75	GRAY LAUN.				75	84	CINDARS		X		84	105	GRAY LAUN. + clay seams				105	118	Red LAUN.				108	130	GRAY LAUN. a clay seams				130	133	Red LAUN.				133	145	GRAY LAUN. + clay seams				145	157	GRAY LAUN. CINDARS a clay				157	162	Red LAUN.				162	165	GRAY LAUN.				165	166	clay yellow				166	170	Red LAUN. + clay seams				170	173	CINDARS		X		173	175	Red LAUN. + clay seams				175	180	GRAY LAUN. + clay seams				180	184	Yellow clay				184	200	GRAY LAUN. + clay seams				200	215	CINDARS		X		215	217	clay				217	240	GRAY LAUN. + clay seams				240	250	GRAY LAUN. + CINDARS a clay		
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5. WELL CONSTRUCTION Diameter of hole <u>6</u> inches Total depth <u>250</u> feet Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>250</u> inches</td> <td><u>6</u> inches</td> <td><u>1'</u> feet</td> <td><u>20'</u> feet</td> </tr> <tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr> <tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr> <tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr> <tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr> </tbody> </table> Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch Size of perforation _____ inches by _____ inches <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr> <tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr> <tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr> </tbody> </table> Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>20</u> Material used in seal <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Puddling clay <input checked="" type="checkbox"/> Well cuttings Sealing procedure used <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temporary surface casing <input checked="" type="checkbox"/> Overbore to seal depth	Thickness	Diameter	From	To	<u>250</u> inches	<u>6</u> inches	<u>1'</u> feet	<u>20'</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet																																																																																																																																															
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6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Chase</u> N.W. 1/4 Sec. <u>18</u> T. <u>3</u> N. R. <u>7</u> E.	10. Work started <u>7-9-74</u> finished <u>7-9-74</u>																																																																																																																																																																																		
	11. DRILLERS CERTIFICATION Firm Name <u>Huddleston Drilling</u> Firm No. <u>35</u> Address <u>MT. HOME</u> Date <u>7-9-74</u> Signed by (Firm Official) <u>C. L. Huddleston</u> and (Operator) <u>[Signature]</u>																																																																																																																																																																																		